

MAR 21 2018



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

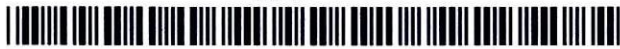
**D066-1003-013**  
**Job Sheet 174683**



Part No: D066-1003-013

Job Qty: 1 ea

Part Name: R66 Baggage Compartment Protector Installation



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/20/18

Job Tracking No:

Due Date: 3/29/18

Created By: Linda Lacelle

Type: SOLD

Description:

Note: DWG REV B SHEET 12 IPP REV:A 14.02.05 NEW ISSUE DD VERF:JLM IPP Rev B Parts list updated  
14/07/02 DL IPP REV:C 15.02.1 AS PER IIN REV.B DD VERF:JLM

Ship Via:

## Bill of Materials

## Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 1 Ea  |            | 3/29/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | MAR 28 2018 |
| 110   | Packaging          | 1 pcs |            | 3/29/18  | 0.00      | 0.00    | Packaging1-1          |           | APR 01 2018 |
| 120   | QC                 | 1 pcs |            | 3/29/18  | 0.00      | 0.00    | QC4                   |           | Smb         |
| 125   | DC                 | 1 pcs |            | 3/29/18  | 0.00      | 0.00    | DC                    |           | DAS         |
| 130   | Packaging          | 1 pcs |            | 3/29/18  | 0.00      | 0.00    | Packaging3-1          |           | Smb         |
| 140   | QC21-FG            | 1 Ea  |            | 3/29/18  | 0.00      | 0.00    | QC21                  |           | APR 09 2018 |

Part Op 110 - Pick Kit

Descriptions: 120 - QC4- 100% Inspect kits for completeness

125 - Document Control Photocopy bluefile &amp; type labels per PPP D066-1003-013 CHG002

130 - Identify as per dwg & Stock Location: \_\_\_\_\_ Identify and pack for shipping as per PPP D066-1003-013  
Location:FG040

140 - QC21- Final Inspection - Work Order Release

## Job BOM

| Part / Item   | Component Name         | Quantity      | Operation             | Container           |
|---------------|------------------------|---------------|-----------------------|---------------------|
| AN525-10R9    | Screw                  | 10 Ea (10 ea) | 90-Start up Operation | Fm133990-12         |
| AN970-3       | Washer                 | 3 Ea (3 ea)   | 90-Start up Operation | 5003924             |
| CB200         | Acrylic Adhesive, 3.5G | 5 pcs (5 ea)  | 90-Start up Operation | 5009261             |
| CS62-1032-8CR | Click Bond Stud        | 8 Ea (8 ea)   | 90-Start up Operation | Fm130652 Fm30651 x6 |
| D3580-5       | Bracket                | 3 Ea (3 ea)   | 90-Start up Operation | F12874              |
| D4942-1       | Floor Protector        | 1 Ea (1 ea)   | 90-Start up Operation | 505878 505878       |
| D4942-3       | Protector, Fwd         | 1 Ea (1 ea)   | 90-Start up Operation | F16572              |
| D4942-7       | Protector, LH          | 1 Ea (1 ea)   | 90-Start up Operation | F165789             |
| D4942-9       | Door Protector         | 1 Ea (1 ea)   | 90-Start up Operation | F165783             |
| D4967-1       | Bracket                | 2 Ea (2 ea)   | 90-Start up Operation | F12338x1 F117642x1  |
| D5119-1       | Placard                | 1 Ea (1 ea)   | 90-Start up Operation | F165043             |
| D5120-1       | Placard                | 1 Ea (1 ea)   | 90-Start up Operation | F165045 F165041     |
| MS20426AD3-4  | Rivet                  | 20 Ea (20 ea) | 90-Start up Operation | Fm134297            |
| MS21042-3     | Nut                    | 8 Ea (8 ea)   | 90-Start up Operation | 5027548             |
| MS21059L3     | Nut Plate              | 10 Ea (10 ea) | 90-Start up Operation | 5025740             |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                             |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                             |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042) Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Completed By _____          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                             |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Pot <input type="checkbox"/><br/>           Fol <input type="checkbox"/><br/>           Gr <input type="checkbox"/><br/>           We <input type="checkbox"/><br/>           Wn <input type="checkbox"/><br/>           Our <input type="checkbox"/><br/>           Off <input type="checkbox"/><br/>           Mis <input type="checkbox"/><br/>           Fit/function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> </div> |  |                             |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                             |  |

Container No: S056298  
 Part: D066 - 1003 - 013  
 Job No: 174683  
 Serial No/Batch: S056298  
 Revision: \_\_\_\_\_  
 Inspector: \_\_\_\_\_



**DART AEROSPACE**  
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 www.dartaerospace.com

nd / Supervisor  
 al Verification  
  
 A Coordinator  
 approval  
  
 ned Wrong  
 e Dimensions  
 Under tolerance  
 correct  
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 ig  
 Misread  
 Turning Sequence

| Job Allocations                    |                |          |           |           |
|------------------------------------|----------------|----------|-----------|-----------|
| Operation                          | Component Part | Required | Inventory | Allocated |
| 90-Start up Operation              | AN525-10R9     | 10       | 124       | 0         |
|                                    | AN970-3        | 3        | 75        | 0         |
|                                    | CB200          | 5        | 28        | 0         |
|                                    | CS62-1032-8CR  | 8        | 55        | 0         |
|                                    | D3580-5        | 3        | 13        | 0         |
|                                    | D4942-1        | 1        | 0         | 0         |
|                                    | D4942-3        | 1        | 1         | 0         |
|                                    | D4942-7        | 1        | 1         | 0         |
|                                    | D4942-9        | 1        | 1         | 0         |
|                                    | D4967-1        | 2        | 4         | 0         |
|                                    | D5119-1        | 1        | 5         | 0         |
|                                    | D5120-1        | 1        | 5         | 0         |
|                                    | MS20426AD3-4   | 20       | 4,084     | 0         |
|                                    | MS21042-3      | 8        | 274       | 0         |
|                                    | MS21059L3      | 10       | 165       | 0         |
| Part Specifications                |                |          |           |           |
| Specifications could not be found. |                |          |           |           |

Plex 3/20/18 2:20 PM dart.lacelle.linda



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
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| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |

REFERENCE ONLY

#### 4.0 WEIGHT AND BALANCE

The following is the weight increase associated with the D066-1003-XXX kits. Be sure to subtract the weight of any parts removed.

| Installation                                               | Weight            | LATERAL           |                         | LONGITUDINAL        |                          |
|------------------------------------------------------------|-------------------|-------------------|-------------------------|---------------------|--------------------------|
|                                                            |                   | Arm               | Moment                  | Arm                 | Moment                   |
| D066-1003-011L02 Cabin Floor Protector (Black Lexan Sheet) | 6.7 lb<br>3.0 kg  | 0.10 in<br>0.00 m | 0.67 in-lb<br>0.00 m-kg | 43.72 in<br>1.11m   | 293 in-lb<br>3.33 m-kg   |
| D066-1003-011L08 Cabin Floor Protector (Clear Lexan Sheet) | 6.7 lb<br>3.0 kg  | 0.10 in<br>0.00 m | 0.67 in-lb<br>0.00 m-kg | 43.72 in<br>1.11m   | 293 in-lb<br>3.33 m-kg   |
| D066-1003-013 Baggage Compartment Protectors               | 16.5 lb<br>7.5 kg | 3.29 in<br>0.08 m | 54 in-lb<br>0.60 m-kg   | 104.35 in<br>2.65 m | 1721 in-lb<br>19.88 m-kg |

#### 5.0 PARTS LIST

| Qty<br>-011<br>L02 | Qty<br>-011<br>L08 | Qty<br>-013 | Part Number      | Description                    |
|--------------------|--------------------|-------------|------------------|--------------------------------|
| X                  |                    |             | D066-1003-011L02 | CABIN FLOOR PROTECTORS (BLACK) |
|                    | X                  |             | D066-1003-011L08 | CABIN FLOOR PROTECTORS (CLEAR) |
|                    |                    | X           | D066-1003-013    | BAGGAGE COMPARTMENT PROTECTORS |
| 1                  |                    |             | D4941-1L02       | FLOOR PROTECTOR, FWD LH        |
|                    | 1                  |             | D4941-1L08       | FLOOR PROTECTOR, FWD LH        |
| 1                  |                    |             | D4941-2 L02      | FLOOR PROTECTOR, FWD RH        |
|                    | 1                  |             | D4941-2 L08      | FLOOR PROTECTOR, FWD RH        |
| 1                  |                    |             | D4941-3 L02      | FLOOR PROTECTOR, AFT LH        |
|                    | 1                  |             | D4941-3 L08      | FLOOR PROTECTOR, AFT LH        |
| 1                  |                    |             | D4941-4 L02      | FLOOR PROTECTOR, AFT RH        |
|                    | 1                  |             | D4941-4 L08      | FLOOR PROTECTOR, AFT RH        |
|                    |                    | 1           | D4942-1          | FLOOR PROTECTOR                |
|                    |                    | 1           | D4942-3          | FORWARD WALL PROTECTOR         |
|                    |                    | 1           | D4942-7          | LH WALL PROTECTOR              |
|                    |                    | 1           | D4942-9          | DOOR PROTECTOR                 |
|                    |                    | 2           | D4967-1          | BRACKET                        |
| 6                  | 6                  |             | D3580-3          | JOGGLE BRACKET                 |
|                    |                    | 3           | D3580-5          | JOGGLE BRACKET                 |
|                    |                    | 1           | D5119-1          | PLACARD                        |
|                    |                    | 1           | D5120-1          | PLACARD                        |
| 6                  | 6                  |             | AN525-10R8       | SCREW                          |
|                    |                    | 10          | AN525-10R9       | SCREW                          |
|                    |                    | 8           | CS62-1032-8CR    | STUD, CLICK BOND               |
|                    |                    | 3           | AN970-3          | WASHER                         |
|                    |                    | 8           | MS21042-3        | NUT, SELF LOCKING              |
|                    |                    | 5           | CB 200           | 3.5G ACRYLIC ADHESIVE          |
| 6                  | 6                  | 10          | MS21059L3        | NUTPLATE                       |
| 12                 | 12                 | 20          | MS20426AD3-4     | RIVET                          |